

**Employment Application  
Human Resource Department  
26600 Mohave Road  
Parker, Arizona 85344  
(928) 669-1320**

POSITION APPLIED FOR: \_\_\_\_\_ ANNOUNCEMENT#: \_\_\_\_\_

NAME: \_\_\_\_\_

FIRST NAME                      MIDDLE NAME                      LAST NAME                      Jr., Sr., II, III, etc.

MAILING ADDRESS, CITY STATE & ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

HAVE YOU EVER WORKED UNDER ANOTHER NAME?- IF YES PLEASE LIST THE NAMES: \_\_\_\_\_

LIST PREVIOUS EMPLOYMENT WITH COLORADO RIVER INDIAN TRIBES: \_\_\_\_\_

**EDUCATION**

NAME & MAILING ADDRESS OF COLLEGE/UNIVERSITY: \_\_\_\_\_

AREA OF EMPHASIS: \_\_\_\_\_ DATE GRADUATED: \_\_\_\_\_

LIST DEGREE (S): \_\_\_\_\_

NAME & MAILING ADDRESS OF COLLEGE/UNIVERSITY: \_\_\_\_\_

AREA OF EMPHASIS: \_\_\_\_\_ DATE GRADUATED: \_\_\_\_\_

LIST DEGREE (S): \_\_\_\_\_

NAME, ADDRESS AND DATE RECEIVED DIPLOMA OR CERTIFICATE:

HIGH SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_

VOCATIONAL/TRADE SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_

G.E.D. DIPLOMA: CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ DATE: \_\_\_\_\_

**EMPLOYMENT HISTORY**

**LIST MOST RECENT EMPLOYER FIRST, GO BACK FIVE (5) YEARS – ATTACH SEPARATE SHEET IF NECESSARY**

EMPLOYER NAME AND ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ NAME OF SUPERVISOR: \_\_\_\_\_

DESCRIPTION OF DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER NAME AND ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ NAME OF SUPERVISOR: \_\_\_\_\_

DESCRIPTION OF DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**PERSONAL REFERENCES  
LIST THOSE WHO CAN BE CONTACTED**

NAME & ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ YRS. KNOWN: \_\_\_\_\_

NAME & ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ YRS. KNOWN: \_\_\_\_\_

NAME & ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ YRS. KNOWN: \_\_\_\_\_

**ADDITIONAL INFORMATION**

HAVE YOU EVER BEEN CONVICTED OF A FELONY: IF YES, PLEASE STATE CHARGES AND DISPOSITION: \_\_\_\_\_

HAVE YOU EVER BEEN FORCED TO RESIGN? IF YES, PLEASE EXPLAIN CIRCUMSTANCES: \_\_\_\_\_

VALID DRIVERS LICENSE # \_\_\_\_\_ ISSUING STATE: \_\_\_\_\_ DATE EXPIRES: \_\_\_\_\_

COMMERCIAL DRIVERS LICENSE # \_\_\_\_\_ ISSUING STATE: \_\_\_\_\_ DATE EXPIRES: \_\_\_\_\_

LIST TRAFFIC CONVICTIONS RESULTING IN A FINE OF \$30 OR MORE WITHIN LAST THREE (3) YEARS: \_\_\_\_\_

ARE YOU BONDABLE? ☐ YES ☐ NO – IF NO PLEASE STATE PARTICULARS ON SEPARATE LETTER.

HAVE YOU SERVED IN THE U.S. MILITARY SERVICE ☐ NO – IF YES, LIST RANK: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_ TRAINING AS IT RELATES TO POSSIBLE EMPLOYMENT: \_\_\_\_\_

MAY WE CHECK YOUR WORK HISTORY WITH LISTED EMPLOYERS? ☐ YES ☐ NO – LIST EMPLOYER (S) NOT TO BE CONTACTED AND REASON: \_\_\_\_\_

IF YOU ARE SEEKING EMPLOYMENT ON THE BASIS OF INDIAN-PREFERENCE PLEASE RESPOND TO THE ONE THAT APPLIES TO YOU:

☐ I AM AN ENROLLED MEMBER OF THE COLORADO RIVER INDIAN TRIBES – ENROLLMENT # \_\_\_\_\_

☐ I AM AN ENROLLED MEMBER OF: \_\_\_\_\_ ENROLLMENT # \_\_\_\_\_

**BY SIGNING THIS EMPLOYMENT APPLICATION:**

1. I CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
2. I UNDERSTAND THAT AS AN APPLICANT WHO MAY BE CONSIDERED FOR HIRE, I MUST CONSENT TO THE COLORADO RIVER INDIAN TRIBES PRE-EMPLOYMENT DRUG SCREENING.
3. I FURTHER ACKNOWLEDGE THAT SHOULD INVESTIGATION AT ANY TIME DISCLOSE ANY MISREPRESENTATION OR FALSIFICATION, MY APPLICATION MAY BE REJECTED, MY NAME REMOVED FROM FURTHER CONSIDERATION, AND I MAY BE DISQUALIFIED FROM FURTHER EXAMINATIONS AND OR TERMINATED FROM EMPLOYMENT.

I HEREBY AUTHORIZE THE COLORADO RIVER INDIAN TRIBES TO MAKE THE NECESSARY AND APPROPRIATE INVESTIGATIONS AND SCREENINGS ALLOWABLE BY LAW TO VERIFY THE INFORMATION I HAVE PROVIDED.

APPLICANTS' SIGNATURE: \_\_\_\_\_ DATE : \_\_\_\_\_